
SMOKING: A SERIOUS HEALTH RISK FOR YOUTH by Adaobi Bob-Ume

Looking around me daily, I see youths smoking one cigarette after another, one pack after another. I begin to wonder; is smoking a fashion trend, an effect of peer pressure, or an addiction to a substance? Most people already know that smoking is bad for the health. But do they really understand how risky smoking is? Tobacco contains nicotine, a highly addictive drug that makes it difficult for smokers to kick the habit. Although it can be a very difficult habit to break, smoking is ultimately a personal decision; it is your responsibility to choose whether or not you will continue to smoke. My paper will describe what smoking means in general to these youths, and consider whether there is any health risk associated with this everyday behaviour. As I will argue, smoking is all that is mentioned above, but it also poses serious health risk for youths.

I became interested in this topic after watching an eighteen year old cousin of mine smoking one pack of cigarettes a day. Everyone tried to tell him the dangers smoking poses to health, but he would disregard it and say, “it’s a guy thing.” My cousin’s friends didn’t help matters, as they would smoke together - chain smoking, as they call it. Not until he started suffering from chronic cough, and his girlfriend started complaining of his bad breath, did he decide to reduce his smoking and keep his breath fresh with mints. Feeling constantly short of breath, he had to see a doctor, who advised him to quit smoking as it would have serious effect on his health (increasing his chances of lung disease, heart failure, and many other risks). I remember telling him that the cost of cigarettes is also getting out of hand. Cigarette smoking has many risks and no rewards that I know of. Second hand
smoke hurts the people around you, whether they are your loved ones or people you don't even know. At last he heard and quit smoking. As this example shows, smoking poses a serious health risk for youths.

**How smoking affects all ages**

Although this paper talks mainly about the risk of smoking on youths, I could not resist putting information regarding smoking and all ages, as the youths who smoke today, will grow into the adults of tomorrow. Incorporated here, are the effect smoking has on all ages. Toxic ingredients in cigarette smoke travel throughout the body, causing damage in several different ways. Nicotine reaches the brain within 10 seconds after smoke is inhaled. It has been found in every part of the body and in breast milk. Carbon monoxide binds to hemoglobin in red blood cells, preventing affected cells from carrying a full load of oxygen. Cancer-causing agents (carcinogens) in tobacco smoke damage important genes that control the growth of cells, causing them to grow abnormally or to reproduce too rapidly. The carcinogen benzo[a]pyrene binds to cells in the airways and major organs of smokers. Smoking affects the function of the immune system and may increase the risk for respiratory and other infections. There are several likely ways that cigarette smoke does its damage. One is oxidative stress that mutates DNA, promotes atherosclerosis, and leads to chronic lung injury. Oxidative stress is thought to be the general mechanism behind the aging process, contributing to the development of cancer, cardiovascular disease, and COPD. The body produces antioxidants to help repair damaged cells. Smokers have lower levels of antioxidants in their blood than do nonsmokers. Smoking is associated with higher levels of chronic inflammation, another damaging process that may result from oxidative stress (all figures from Centers for Disease Control and Prevention (CDC), 2004).
Smoking’s effect on cardiac health

Coronary heart disease and stroke, the primary types of cardiovascular disease caused by smoking are the first and third leading causes of death in the United States. It has been reported that more than 61 million Americans suffer from some form of cardiovascular disease, including high blood pressure, coronary heart disease, stroke, congestive heart failure, and other conditions. Subsequently, more than 2,600 Americans die every day because of cardiovascular diseases, about 1 death every 33 seconds. Toxins in the blood from smoking cigarettes contribute to the development of atherosclerosis. Atherosclerosis is a progressive hardening of the arteries caused by the deposit of fatty plaques and the scarring and thickening of the artery wall. Inflammation of the artery wall and the development of blood clots can obstruct blood flow and cause heart attacks or strokes. In 2003, an estimated 1.1 million Americans had a new or recurrent coronary attack, and cigarette smoking has been associated with sudden cardiac death of all types in both men and women. Smoking-related coronary heart disease may contribute to congestive heart failure. An estimated 4.6 million Americans have congestive heart failure and 43,000 die from it every year. Also reported is that smoking low-tar or low-nicotine cigarettes rather than regular cigarettes appears to have little effect on reducing the risk for coronary heart disease. Strokes are the third leading cause of death in the United States, and cigarette smoking is a major cause of strokes. The U.S. incidence of stroke is estimated at 600,000 cases per year, and the one-year fatality rate is about 30%. The risk of stroke decreases steadily after smoking cessation, and former smokers have the same stroke risk as nonsmokers after 5 to 15 years (all figures from Centers for Disease Control and Prevention (CDC), 2004). This published statistics states health risk of smoking on adults’ cardiac...
system, which can be applied to the youths as well, as young smokers grow into adult smokers, and can experience the above symptoms, unless they quit smoking.

**Cigarette smoking and respiratory health**

Cigarette smoking is associated with adverse respiratory health effects and is especially harmful to individuals with asthma (De Vries et al. 2005). For these individuals, cigarette smoking is associated with more severe respiratory symptoms (Chalmers et al. 2001, Boulet et al. 2006), accelerated declines in lung function (Boulet et al. 2006), and impaired short-term therapeutic responses to corticosteroids (Thomson & Spears 2005). Smoking and asthma have additive effects on reductions in forced expiratory volume (FEV$_1$) that can result in chronic obstructive pulmonary disease in later life (Boulet et al. 2006, Statistics Canada 2007).

**Peer effect on adolescent smoking behaviour**

Smokers smoke for various reasons, but often peer pressure makes them smoke. Youths begin smoking as they feel it is “cool” to do so. Often it is a friend who mocks and makes fun of the other person for not smoking. He or she would like the other person to try it out and see how it feels. Since he or she is enjoying, smoking would obviously be enjoyable to others. Ali & Dwyer (2009), using a panel data from the National Longitudinal Study of Adolescent Health (Add Health), asked respondents to nominate their five closest male and female friends. Through interviews granted by parents and respondents, they found that a 10% increase in the proportion of classmates who smoke increases the likelihood of smoking by more than 3%. Also, a 10% increase in smoking rates among an individual’s close friends increases the likelihood of smoking by 5%. Ali & Dwyer also found
that the influence of close friends from adolescent years continues to have an impact on smoking propensities even after transition into adulthood. The magnitude of the influence diminishes over later years because of the high probability of changes in the peer group. For an addictive behaviour like smoking, social influence is significant, especially during adolescent years, but also into the adult years, as most adults’ smokers report having taken up the behaviour during adolescent years. The researchers suggested that public health intervention is needed for health promoting behaviour among these youths. As research shows that peer effect influences smoking behaviour from adolescence years into adulthood, it also shows the duration of smoking, which in the long run will develop into chronic health risks and issues.

**Distinguishing risk factors**

Nicotine withdrawal syndrome characteristics usually appear within 24 hours of abstinence or reduction in smoking. It comprises physical and psychological symptoms including cravings, depressed mood, insomnia, irritability, frustration, anger, anxiety, increased appetite and weight gain. Wileyto, Loughlin, & Lagerlund et al (2009), in their study of distinguishing risk factors for the onset of cravings, withdrawal symptoms and tolerance in novice adolescent smokers, used questionnaires and interviews, to find that female sex, inhalation, smoking a whole cigarette, weekly smoking, daily smoking and alcohol use each independently increased the incidence of the onset of craving. The same factors also predicted the onset of withdrawal symptoms. Withdrawal symptoms and the above factors increased the incidence of the onset of tolerance. The hallmarks of nicotine dependence (ND) are related to intensity and frequency of cigarette use. Avoidance of daily smoking may be particularly important in preventing the onset of ND symptoms and
sustained smoking and also prevent the risk smoking poses to health.

**Youth tobacco access and possession policy intervention**

Because of the risk smoking poses to the health, anything done to curb the rate of smoking amongst youths should be encouraged by everyone. Law enforcement can help in curbing smoking in adolescents, thereby preventing serious health risk. Population-based approaches for smoking cessation attempt to reduce or eliminate tobacco use by changing the environment in which an individual smokes. Examples of population-based interventions include restricting where smoking is allowed (e.g., work place bans), increasing the cost of cigarettes (e.g., taxation) and changing community norms (e.g., education, mass media campaigns) (Jason, Pokorny, & Adams et al, 2009). They used a youth tobacco access project involving 24 towns in Illinois, with four cohorts of data collected from these towns in the spring of 2002, 2003, 2004, and 2005. They prohibited the merchants from selling tobacco products to minors under the age of 18. All 24 towns participated in the state sponsored tobacco sales enforcement program or worked with the research team to conduct a merchant education program and three annual checks of merchants for compliance with local tobacco sales law. Surveys were distributed in some schools at four different times. Over the course of four waves, a total of 59,160 surveys were completed. Using this law enforcement and reducing minors’ access to commercial sources of tobacco, they noted that over time, youths that participated in the study used less tobacco.

**Personal motivation, exercise, and smoking behaviors among youths**

In the present society, many people are either sedentary or too infrequently active to accrue health benefits. Researchers have tried to look at smoking behaviour among
youths, to determine the effect it has on lifestyle. Scioli, Biller, & Rossi et al (2009), in their study of personal motivation, exercise and smoking behaviours among young adults, used a method of comparison between physically active non-smokers and physically active smokers, to find that non-smokers had more motivation for exercising than smokers. Also compared to their non smoking peers, young smokers have higher rate of physical and emotional distress. Smoking is harmful, not only to the physical health of an individual, but can also be harmful emotionally.

Antismoking advertisements

Antismoking advertisements can reduce the course of smoking amongst youths, and different socioeconomic subgroups. Durkin, Biener, & Wakefield et al (2009) in their study of effects different antismoking ads have on smoking cessation, used a longitudinal survey to collect data from respondents. They find that emotionally evocative ads and ads that contain personalised stories about the effect of smoking and quitting hold promise for efforts to promote smoking cessation. Reviews of the effects of antismoking advertising have concluded that advertisements that evoke strong emotional responses through negative visceral imagery or personal stories about the health effects of smoking can increase attention, generate greater recall and appeal, and influence smoking beliefs and intention. Recommendation of more television ads stressing the importance of smoking cessation is needed.

Direct impacts of personality traits on smoking initiation

Personality traits have been proved to have effect on smoking initiation. Conner, Grogan, & Fry et al noted the direct impacts of (the five big personality traits) openness,
conscientiousness, extraversion, agreeableness and neuroticism on smoking initiation in a sample of adolescents. They found that the five big personality traits may determine the extent to which people engage in general clusters of health-related behaviors such as substance use risk behaviors (e.g. smoking). Both extraversion and neuroticism have been related to smoking and longitudinal studies have found that those with higher neuroticism scores are more likely to take up smoking and maintain the habit.

**Conclusion**

Most youths see smoking cigarette as a fashion trend, a peer effect, and an addiction with serious withdrawal symptoms. The above is not just the case with smoking. Smoking cigarette can be of serious health concern, causing diseases ranging from respiratory diseases, to cardiac diseases, and eventually death if care is not taken. It is therefore necessary to save the youths of today from this life threatening behaviour through any method we can think of, be it through government laws and policies, anti-smoking advertisements, or parental control. To assist smokers to quit, healthcare and health promotion workers should ask all youths about their use of tobacco, advise tobacco users to quit, assess their willingness to quit, assist in their attempts to quit by offering medications and providing referrals to telephone based quit lines or other counselling services and arrange for follow-up.

**References**


